

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE WisconsinSTANDARDS FOR INSTITUTIONS

The following lists the standards for institutions which are kept on file and are available on request:

1. **Wisconsin Administrative Code, the Division of Health, Chapter HSS 124 General and Special Hospitals.**

HSS 124 provides standards for the construction, maintenance and operation of hospitals. These regulations are to ensure that hospital patients receive safe and adequate care and treatment and that the health and safety of patients and hospital employees are protected.

HSS 124 contains regulations on: approval by the Department of Health and Social Services; management of the hospitals; organization, accountability and responsibility of medical staff; specific services provided in hospitals; and physical environment of the hospital facilities.

2. **Wisconsin Administrative Code, Chapter HSS 132, Nursing Home Rules (Includes Skilled Nursing and Nursing Facilities.)**

HSS 132 provides conditions of licensure for nursing homes. All nursing homes are subject to the provisions of these regulations, except for those facilities regulated by HSS 134. Nursing homes include those owned and operated by the state, counties, municipalities or other public bodies.

HSS 132 contains regulations on: licensure, waivers and variances, residents' rights and protection; management of the facilities; admission, retention and removal of residents; services provided in or by the facilities, physical environment of the facilities and life safety, design and construction of the facilities.

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3. Wisconsin Administrative Code, Chapter HSS 134, Facilities for the Developmentally Disabled.

HSS 134 provides conditions of licensure for all facilities that primarily serve developmentally disabled people who require active treatment, including facilities owned and operated by the state, counties, municipalities or another public body. Community-based residential facilities and nursing homes that serve this population are regulated in other sections of the administrative code. HSS 134 is intended to protect and promote the health, safety and well-being of residents of such facilities.

HSS 134 contains regulations on: licensure; residents' rights and protection; management of the facilities; admission, retention and removal of residents; services provided in or by the facilities; physical environment of the facilities including safety and sanitation; and life safety, design and construction of the facilities.

4. Joint Commission on Accreditation of Healthcare Organizations standards for state mental hospitals in Wisconsin.

The standards established by the Joint Commission on Accreditation of Healthcare Organizations are to monitor, evaluate and continuously improve the quality of health care provided to the public.

These standards cover but are not limited to: activity, educational, vocational, rehabilitation, medical and other services; quality assurance; patient admission, assessment, treatment and discharge; management and administrative services; staff levels and qualifications; and utilization review.

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The State of Wisconsin

STATE DEPARTMENT OF PUBLIC WELFARE

DIVISION OF MENTAL HYGIENE

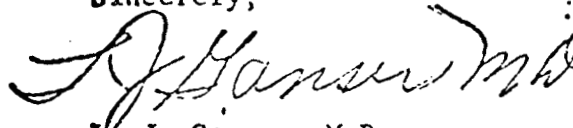
1 WEST WILSON STREET,
STATE OFFICE BUILDING
MADISON, WISCONSIN 53702

August 5, 1966

TO WHOM IT MAY CONCERN:

Effective July 1, 1966 the standards for State Mental Hospitals in Wisconsin, including Central State Hospital, are essentially those of the Joint Commission on Accreditation of Hospitals. The Department does not impose a separate, organized standard on itself in this respect. Both of our state hospitals are accredited by the Joint Commission on Accreditation of Hospitals and her units such as Central State Hospital and the colonies are working toward the objective of the Joint Commission on Accreditation of Hospitals approval.

Sincerely,



L. J. Ganser, M.D.

Director

DIVISION OF MENTAL HYGIENE

82-91

TITLE XIX - TITLE V INTERAGENCY AGREEMENT
BUREAU OF HEALTH CARE FINANCING AND BUREAU FOR CHILDREN WITH PHYSICAL NEEDS

I. Mutual Objectives and Responsibilities

The Title XIX Program (Bureau of Health Care Financing-BHCF) enters into a cooperative arrangement with the Title V Grantee - The Bureau for Children with Physical Needs (BCPN) of the Department of Public Instruction. The BHCF includes the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT). The requirements of this agreement are specified in Title 42 CFR 431.615 for the provision of services to recipients of Medical Assistance.

The mutual objectives and responsibilities of the Title XIX program and the Title V program are to encourage and support the provision of comprehensive quality care to eligible children in the state and to insure that the services are accessible to all those who are eligible.

The Title XIX plan will recognize BCPN as eligible to furnish care and services under the XIX program if it meets the provider certification standards specified in HSS 105 of the Medicaid Administrative Code, or can comply with the provision of 42 CFR 431.615.

As part of the cooperative arrangement and when requested by a Medicaid certified Title V grantee, the Title XIX program will provide reimbursement as determined by the Title XIX program for the allowable cost of care and services furnished to eligible recipients under the State Plan for Medical Assistance. The Title XIX Program fiscal agent will reimburse the BCPN directly for services provided by certified Medicaid providers.

The intent of this MOU is to improve cooperations and communication between these agencies. In addition to the specifics included below, the general objectives are to:

- A. Determine the extent to which the programs are providing services to the same clients or through the same providers, or both.
- B. Determine the extent to which referrals are made between these agencies.
- C. Gather information to determine if these programs can more effectively serve each other's objectives.

II. Services

The BCPN provides these services; clinic services; multi-discipline consultant services; diagnostic services; treatment services and financial assistance for treatment costs. Details on these services and the circumstances under which they are offered are included in the state plan for Title V.

The BHCF pays for these services: physician services; dental services; hospital services; nursing home services; drugs; nursing; home health care and personal care services; mental health services; podiatry services; chiropractic services; physical therapy, occupational therapy; speech pathology; audiology; vision care services; family planning services;

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early, periodic screening, diagnosis and treatment (EPSDT) services; transportation; medical supplies and equipment; diagnostic services; dialysis services; blood; and rural health clinic services. Details on coverage and limitations are included in the state plan for Title XIX and HSS 101-108 of the Medicaid Administrative Rule.

III. Cooperative Relationships at the State Level

The administrative coordinator of the BCPN is the primary liaison to the Title XIX program. The chief of the Policy, Planning and Evaluation Section, BHCf, is the primary liaison to the BCPN.

IV. Local Services

The Title V program deals with the following local agencies: (a) local health departments; (b) local social service departments; (c) visiting nursing associations; (d) developmental disability agencies; (e) schools; (f) neighborhood health centers and (g) Head Start agencies. The BCPN informs these local agencies of its programs and solicits referrals of people who might benefit from its program. The BCPN also works closely with private providers in the care and treatment of children with handicaps.

The Title XIX program has contact with the local Departments of Social Services, and other local certification agencies, which handle all aspects of the Title XIX eligibility determination process. The Title XIX program also has contact with all local agencies and individuals who are certified providers.

V. Early Identification of Individuals Under 21

The early identification of individuals under 21 in need of medical or remedial services will be accomplished through the outreach and screening efforts of the EPSDT program and the Title V program. These efforts will be coordinated in the following manner:

A. The BCPN will:

1. Develop the capacity and begin as soon as possible to provide to EPSDT (each quarter) information on any health examinations that contain any elements of EPSDT activities, with adequate detail so that EPSDT can report to the federal government the number of "equivalencies": (examinations equivalent to EPSDT screening).

B. The BHCf (EPSDT) program will:

1. Include the following provision in each contract for EPSDT outreach and referral: "Notification of criteria for eligibility for crippled children services under Title V of the Social Security Act".
 - a. The Department shall notify contractor* of the location of agencies funded under Title V of the Social Security Act to provide services within the geographical area

* Contractor refers to each EPSDT outreach agency

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contractor serves. Said notification shall also specify the services offered by those agencies and the criteria individuals must meet to establish eligibility for these services.

- b. Contractor shall develop a working knowledge of the information provided under subparagraph above such that it can determine which individuals identified on the EPSDT eligibility lists would be appropriate to refer to BCPN for possible service.
 - c. Contractor shall inform individuals qualified for both EPSDT and Title V of the services available to them through the Title V funded agencies and shall refer individuals desiring such services to the BCPN.
2. Provide to Title V (BCPN) current information on EPSDT activities and projects including eligibility criteria, the groups and individuals actually being served, services being provided and the geographical area served by EPSDT agencies.
 3. Monitor outreach/screening agencies to assure compliance with the above and evaluate the degree of compliance.

VI. Reciprocal Referrals

Reciprocal referrals will occur as specified in Section V above. Referrals will also occur between the county departments of social services and the Title V program. Title XIX rules and pamphlets outlining availability of services and eligibility will be provided to all Title V projects and Title V rules and pamphlets outlining availability of services and eligibility will be provided to the county departments, to encourage and facilitate referral.

VII. Reimbursement

The BCPN will apply to the BHCF for certification as a "billing provider." BHCF will certify the BCPN, establishing a special provider type and specialty and notify BCPN of a billing number and effective date. Reimbursement will follow the BHCF billing requirements as detailed in the Administrative Rules and Provider Handbooks, including the following:

A. Prior Authorization

To foster the use of the BCPN case management capabilities and improve coordination of services, the following procedure will be used. The BCPN will instruct its providers who are Title XIX-certified to submit the prior authorization requests for Title XIX services first to BCPN. The BCPN will first review appropriateness and medical necessity for case management purposes, then send the prior approval request to EDSF for the regular Title XIX review and processing. Title XIX reimbursable services that do not require prior authorization will be billed directly to the Medicaid fiscal agent by BCPN.

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The Bureau will conduct prior authorizations for a period of six months from the effective date of this agreement. The need for continued prior authorization will be evaluated and possibly waived if data indicates that prior authorization by BHCF is not warranted.

B. Billing

The BCPN will submit claims for Medicaid billable services directly to the fiscal agent, EDS-Federal, on appropriate claim forms utilizing all required data (e.g., CPT-4, ICD-9-CM, performing provider number) and other information. The BHCF and BCPN will negotiate a fixed per capita fee for periodic field clinics coordinated by the BCPN. All other services will be billed using the performing provider's usual and customary charges.

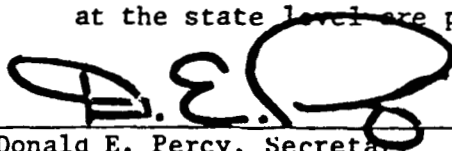
VIII. Exchange of Reports

Data and statistical information of a general nature will be exchanged between the Title XIX program and the Title V grantee upon request. These requests will be shared between the primary program liaisons and could relate to budgetary, planning, evaluation and/or research.

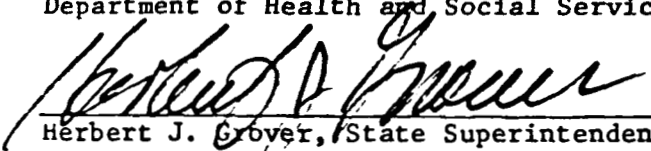
Specific case management information will be shared only if the confidentiality of records is maintained according to Wisconsin Statutes 905.04 and Wisconsin Administrative Code HSS 108. The BHCF will provide access to microfiche of the eligibility file, and use of the on-line computer terminal for administrative purposes.

To further improve coordination, the BCPN may submit to BHCF on a quarterly basis the names and MA identification numbers of persons also served by Title V. The BHCF will provide Recipient History Reports on an agreed upon sample size of these persons so that BCPN can know what services are being provided by Title XIX. The BCPN will reimburse Title XIX at cost for these reports.

- IX. An annual meeting between the Title XIX and Title V Program at the state level is planned to review the agreements and discuss any necessary changes.
- X. Continuous liaison and staff responsibility between the Title XIX and Title V program was outlined in Section IV.
- XI. Annual joint evaluation sessions between the Title XIX and Title V program at the state level are planned.


Donald E. Percy, Secretary
Department of Health and Social Services

Date 9-21-81


Herbert J. Grover, State Superintendent
Department of Public Instruction

Date 8/19/81